DISCHARGING EAR

No

Painful?

Yes

Suspect chronic suppurative otitis media
In CSOM, there is a risk of cholesteatoma
Recommend topical antibiotic drops to try to dry the ear up

Outpatient referral to ENT

More likely to be acute suppurative otitis media
Check there is no sign of a complication of acute otitis media (see webpage)

Recommend topical antibiotic drops for one to two weeks and adequate simple analgesia

In ASOM, perforated TMs tend to heal spontaneously once infection has settled down

Could there be a foreign body?

Intact TM

More likely to be acute otitis externa
Check there is no sign of a complication of acute otitis externa (see webpage)

Recommend topical antibiotic drops for one to two weeks and adequate simple analgesia;
completely occluded ear canals usually require an ear wick

Higher risk patients are typically older, diabetic, immune compromised men

Complication?

Admit and investigate (see webpage)

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Admit and investigate (see webpage)

http://entsho.com
See webpages for further information

Remember: treatment for most discharging ears = antibiotic/acetic acid ear drops. Evidence for oral antibiotics is weak. See webpages.